



**State of New Hampshire
Board of Pharmacy**
57 Regional Drive
Concord, NH 03301-8518
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

**REGISTRATION FEE:
\$25.00**

MAKE CHECK PAYABLE TO:
NH BOARD OF PHARMACY

PHARMACY TECHNICIAN REGISTRATION FORM

April 1, 2004 – March 31, 2005 Registration Period

ALL SECTIONS **MUST** BE COMPLETED – IF A SECTION DOES NOT APPLY TO YOU, WRITE “N/A”.

USE A TYPEWRITER OR PRINT CLEARLY IN BLACK OR BLUE INK ONLY. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. GENERAL INFORMATION

Applicant's Name		First	Middle	Last
Mailing Address				
City	State	Zip Code	Home Phone ()	Date of Birth (MM/DD/YY) / /
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number - -	Are You <u>Currently</u> Certified By The National Pharmacy Technician Certification Board? <input type="checkbox"/> Yes* <input type="checkbox"/> No		* If yes, enclose a copy of your PTCB Certification.
Have you ever been known under any other name (i.e. Maiden Name)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:				

2. CURRENT PHARMACY EMPLOYMENT

Name Of Pharmacy Which You Are Currently Employed	Date Of Hire (MM/YY) /			
Complete Address Of Pharmacy	Street	City/Town	State	Zip Code

3. REGISTRATION / LICENSURE AS A PHARMACY TECHNICIAN

Are you now or have you ever been registered or licensed as a pharmacy technician in any other state? ☐ Yes ☐ No
If yes, indicate which state(s), effective date(s), and whether or not the registration/licensure is current. _____

4. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.

- Have you ever been convicted, fined, disciplined or had your registration/certification/license revoked for violation of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes ☐ No
- Are you presently charged with violations of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes ☐ No
- Have you ever been convicted of a felony as defined under any state or federal law? ☐ Yes ☐ No
- Are you presently charged with the commission of any such felony? ☐ Yes ☐ No

Please explain each yes answer (additional information may be listed on back)

5. APPLICANT'S STATEMENT

I certify that I am the person described and identified in this application; that I have read Ph 800 of the NH Code of Administrative Rules (also available online at www.nh.gov/pharmacy/techinfo.html) and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacy technician in the State of New Hampshire.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE ACCEPTED.
YOUR 2004-2005 REGISTRATION CERTIFICATE WILL BE ISSUED WITHIN 2 WEEKS OF RECEIPT OF COMPLETED APPLICATION.

**ONCE RECEIVED, YOUR CERTIFICATE MUST BE POSTED OR KEPT ON FILE AT YOUR PHARMACY
OF EMPLOYMENT & PRESENTED TO STATE PHARMACY INSPECTORS UPON REQUEST.**